

EBOLA CARE Kit Symptom Card and Log

Track Your
Symptoms on
the following
pages for
21 days.

If you have any of these symptoms during the next 21 days, call the State Health Department or call CDC: 1-800-232-4636. If you have a medical emergency, call 911.

Remember:

Check symptoms and report early! Getting care early is your best chance to get better.



DIARRHEA OR RUNNING STOMACH



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Daily Body Symptoms and Temperature Check



Week #1



Date you arrived in United States: / /



Use this form to record your temperature and symptoms every morning and every night.



If your temperature is **100.4°F** or **38°C** or above OR if you have any of the symptoms listed on the symptom card, please call the **State Health Department** where you are or call **CDC INFO: 1-800-232 4636**



If you have a medical emergency, call 9-1-1.



DAY 1 <small>DD / MM / YYYY</small>	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING



DAY 5 <small>DD / MM / YYYY</small>	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 2 <small>DD / MM / YYYY</small>	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 6 <small>DD / MM / YYYY</small>	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 3 <small>DD / MM / YYYY</small>	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 7 <small>DD / MM / YYYY</small>	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 4 <small>DD / MM / YYYY</small>	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING




Daily Body Symptoms and Temperature Check




Week #2

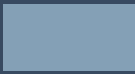


Use this form to record your temperature and symptoms every morning and every night.




If your temperature is **100.4°F** or **38°C** or above OR if you have any of the symptoms listed on the symptom card, please call the **State Health Department** where you are or call **CDC INFO: 1-800-232 4636**




If you have a medical emergency, call 9-1-1.




DAY 8 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING




DAY 12 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 9 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 13 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 10 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 14 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

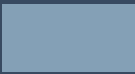


DAY 11 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING




Daily Body Symptoms and Temperature Check




Week #3




Use this form to record your temperature and symptoms every morning and every night. If your temperature is **100.4°F** or **38°C** or above OR if you have any of the symptoms listed on the symptom card, please call the **State Health Department** where you are or call **CDC INFO: 1-800-232 4636**




If you have a medical emergency, call 9-1-1.




DAY 15 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING




DAY 19 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 16 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 20 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 17 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 21 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

DAY 18 DD / MM / YYYY 	SYMPTOMS	TEMP°
	MORNING 	MORNING
	EVENING 	EVENING

Your monitoring period is over and you are clear for Ebola.